## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of

FORM-GB			
Gift or Bequest information received by a department or accepted by the Governor on behalf of translate			
For offi	ce useonly		
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this report to the Government Oversight Committee. This form is to be f	iled within 20 days of	Computer
receipt of the gift or bequest.	ned within 20 days of	Computer
		<b>=</b> =5
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:		0
Department of Education		
Name of Department or Office  Walling Address  City St	5 Moines 3	4 50319.0146
Mailing Address City, St.	ate, Zip Code	
Area Code & Telephone No.		·
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Cours 1 Greta		
Name		
Mailing Address (if different from above)	Olf . Otal - 71- (15-116 A.E.	
Mailing Address (If different from above)	City, State, Zip (if different fro	m above)
Email Address	Area Code & Telephone Nun	ber (if different from above)
DONOR OF GIFT OR BEQUEST:		
The Creat Forma 11.		
The Great Frame. Up		
TSIS M. IL Cide Phone #150		
5515 W: 1/2 C: vic Phuy #150 Mailing Address City, State, Zip Code	7-12-11	\$24. P2
West Des Muines ZA 50266  Area Code & Telephone Number	7 - 12 - 11 Date of Gift or Bequest	Amount/Value*
B !	   *value is defined as "fair mari	tet value" of item as determined by
575 / 226- 23/0 Email Address (optional)	receiving department or office	. If no value mark "0.00".
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		···
Accetion A framing labor	to re-fit of	ofat of man
Donation of framing labor members of State Board of		VIV VI NEW
1	Education.	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the state of	or received by the Governor on b	ehalf of the state.
Statement of Affirmation:		
affirm that the gift or bequest reported above is a	ccurate I further affirm that the	information concerning the donor and
assessment of the fair market value (if applicable) is correct and true to the best of	of my knowledge.	and the second s
4.		